



	Application Number 10/039,536							
	Filing Date January 4, 2002							
TRANSMITTAL FORM	First Named Inventor Dietrich W. Schultz							
(to be used for all correspondence during pendency of filed application)	Group Art Unit Number 2178							
	Examiner Name Gregory J. Vaughn							
Total Number of Pages in This Submission 4	Attorney Docket Number 21540-05799							
ENCLOSURES (check all that apply)								
Fee Transmittal Form (in duplicate) Check Enclosed Return Receipt Postcard Response to Notice to File Missing Parts Assignment & Recordation Cover Sheet Declaration Power of Attorney Application Data Sheet Information Disclosure Statement & PTO/SB/08A Copies of IDS Cited References Request for Corrected Filing Receipt Request for Correction of Recorded Assignment Amendment/Response: [ ] Page(s) After Final Status Request Revocation and Substitute Power of Attorney	□ Issue Fee Transmittal     □ Letter to Chief Draftsperson     □ Formal Drawing(s):							
	/							
SIGNATURE OF	ATTORNEY OR AGENT							
Signature:	Dated: /////							
Attorney/Reg. No.: 7 Greg 1. Suepka, Reg. 33,800	1,9,.,70							
CERTIFICATE OF MAILING  I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.								
Signature:	/ /							
Typed or Printed Name: Greg T. Sueoka  Express Mail Mailing Number: (optional):	Dated: /0///05							

## 001 17 2005 B

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/039,536
Filing Date	January 4, 2002
First Named Inventor	Dietrich W. Schultz
Group Art Unit	2178
Examiner Name	Gregory J. Vaughn
Attorney Docket Number	21540-05799

Fo: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.									
The reasons for this request are:									
The client knowingly and freely assents to termination of the employment.									
			•						
*	•								
1.   The corresponder	nce address is NOT affected by this wi	ithdrawal.							
2.   Change the corre	spondence address and direct all futur	re correspo	ndence to:						
Firm <i>or</i>	Pattric J. Rawlins,		Halls						
Individual Name	al Name Procopio, Cory, Hargreaves & Savitch LLP								
Address	530 B Street, Suite 2100								
Address									
City	San Diego	State	CA	Zip	92101				
Country	United States								
Telephone	(619) 525-3829	Fax	(619) 744-5429						
☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number ☐ on whose behalf I have signed this request and on whose behalf I am authorized to sign.									
Name	e Greg T. Specka, Reg. 33,890								
Signature	ignature Tun XIII								
Date /0//// DX									
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									